

PHILMONT 2009 LOTTERY

For one slot in a Boy Scout Crew or Co-Ed Venturing Crew

The Central New Jersey Council, BSA has slots available for 3 crews (36 People) on a first come first serve lottery basis for the 2009 Central New Jersey Philmont Council Contingent! Adults, youth, troops and crews interested in this high adventure MUST be present at the lottery on WEDNESDAY, SEPTEMBER 10, 2008 at 7:30pm at the Council Service Center. If you have any additional questions or concerns you may contact Philmont Staff Advisor, Jamie Lamprecht at (JLamprec@bsaemail.org) or (609)419-1600 Ext. 25.

Parent(s) or guardian must be in attendance for their son or daughter to participate in the Philmont Trek. If the parent(s) or guardian is not at this meeting, the youth member will not participate in the lottery for the Philmont Trek. This lottery and meeting will provide in depth trek information as well as registration and payment schedule. A non-refundable \$150.00 payment per participant will be due at this meeting in order to hold your reservation if you receive a lottery spot!

Trek dates. Tentative itinerary provides for departure from Newark Int'l Airport Wednesday, July 22, 2009 and a return to Newark Int'l on Wednesday, August 5, 2009 (subject to final availability of flights, lodging and ground transportation). Actual trek begins the afternoon of July 24, 2009 and ends with breakfast on August 5, 2009.

Payment Information: Your fee includes Philmont expedition fee, airfare from New Jersey to the Philmont area and a return flight. It also includes ground transportation after departing NJ, accident insurance, lodging, meals, activities, sightseeing, a portion of the food for shakedown hikes, t-shirts, shipping and handling of stoves to and from Philmont and the printing of handouts and training materials. Dates for shakedown hikes to be determined by the Crew Leaders and Organizers.

ANTICIPATED COSTS AND PAYMENT SCHEDULES.

| | | | |
|--------------------|-------------------------|---|----------|
| September 10, 2008 | \$150.00 NON-REFUNDABLE | October 1, 2008 | \$350.00 |
| November 1, 2008 | \$350.00 | December 1, 2008 | \$350.00 |
| January 1, 2009 | \$300.00 | February 1, 2009 | \$300.00 |
| Total | \$1,800.00 | THIS FIGURE COULD CHANGE DUE TO TRAVEL CONDITIONS! | |

*Payments MUST arrive at the council office no later than the due dates. Payments will be assessed a \$10 per day late fee for everyday late after due date. If the final total amount due is not received by the Council Office by February 15th, the individual forfeits their spot on this trip to a person on the wait list.

HEALTH AND SHAKEDOWN INFORMATION AND REQUIREMENTS SCOUTS MUST BE AT LEAST 14 YEARS OLD BY JANUARY 1, 2009 (OR BE AT LEAST 13 YEARS OLD BY THAT DATE AND WILL HAVE FINISHED EIGHTH GRADE BY JULY 1, 2009) NO EXCEPTIONS TO THIS AGE REQUIREMENT!! Philmont is an Internationally recognized Scout Reservation designed for teaching youth how to conduct themselves at the highest level of physical effort in some of the most difficult conditions. The elevation at the base camp is 6,700 feet above sea level. During the trek each participant may climb peaks nearly 13,000 feet above sea level and experience significant elevation gains. Due to the strenuous nature of a trek at Philmont, several physical requirements must be met or be able to be met well before the shakedowns and the Trek itself. Each youth and adult participant will be required to pass the Philmont Physical Requirements and complete 3 out of 4 Shakedown hikes. In addition to shakedown hikes, there will be a mandatory Equipment Check Meeting where all participants will be required to bring everything they need to attend Philmont. Shakedown hikes will be established and conducted by the crew leaders for the Philmont Trek. If an individual is unable to complete the required hikes or Equipment Check Meeting, they will not be able to participate in the Philmont Trek. If an individual is not able to complete any of the physical requirements, the funds that an individual has submitted will not be refunded unless a person on the waiting list is able to take your place. If there is not someone on the waiting list you will be required to find a replacement that meets the above requirements. NOTE: A person may not attend Philmont two years in a row without approval from the Council High Adventure Committee. For Adult Leaders: There will also be required adult leader meeting(s) at a date to be determined.

Philmont Youth Application

Central New Jersey Council, BSA Contingent Council Trip 2009

4315 US RT. 1 South
Monmouth Junction, NJ 08852
609-419-1600
PRINT OR TYPE

Name _____ DATE OF BIRTH _____

Parent(s) or Guardian's Name _____
Same address as the Scout's below? Yes or No If Different please write on the back.

Street _____

Town _____ State _____ Zip _____

Email Address _____

Parent Email Address (Required) _____

Home Phone () _____ Cell () _____

Unit _____ District _____

Rank _____

CPR Certified? Yes No Expiration Date _____

First Aid Certified / Responder Yes No Expiration Date _____

Emergency Contact (Someone who is not a resident of the above address)

Name _____ Relationship _____

Address _____

Town _____ State _____ Zip _____

Phone (H) _____

I am in good physical condition, and I agree if selected to provide the required medical information. I understand that as a youth member I must at all times reflect the ideals of the Scout Oath and Scout Law. I understand that once I commit to attending Philmont, I will need to keep in contact with both the crew leaders and fellow youth that are involved in this trek via phone, email and fax. I understand that a "Class A" uniform with a CNJC Shoulder Strip must be worn while traveling and at other times that may be designated. I also understand that if I think I cannot attend Philmont and there is nobody on the waiting list available, it will be my responsibility to find a replacement for my slot.

All statements on this application are true, and I authorize the Central New Jersey Council, BSA to confirm supplied information.

Deposit Paid YES NO RECEIPT NUMBER FOR CASH _____
CHECK NUMBER _____

Or Charge My Credit Card Number MC/VISA/DISC _____
Exp. Date _____

Youth Signature _____ Date _____

Parent or Guardian Signature _____ Date _____

Philmont Adult Leader Application
Contingent Council Trip 2009
Central New Jersey Council, BSA
4315 US RT. 1 South
Monmouth Junction, NJ 08852
609-419-1600

NOTE: Each adult application must have a current BSA adult registration in good standing.
Each application must be reviewed and or accepted by the Scout Executive.

PRINT OR TYPE (All information is required.)

Name _____

Street _____

Town _____ State _____ Zip _____

Email Address _____

Registered in District / Unit # and Position _____

Home Phone () _____ Cell () _____

Business Phone () _____

Have you ever been to Philmont on a Trek before Y N

Year(s) _____

Expertise, Qualifications or Special Training _____

Other Leadership Skills _____

(Philmont requires at least one individual in each Crew to be CPR and First Aid Certified. If we do not have enough leaders that are certified, you may be asked to become CPR and First Aid certified.)

CPR certified Yes or No expiration date _____

Wilderness First Aid Certified Yes or No expiration date _____

Other medical training _____

Do you have Department of Defense Clearance? Yes or No

Who do you want us to contact in case of an emergency?

Name _____ Relationship _____

Address _____ Phone Number _____

I am in good physical condition, and I agree, if accepted to provide the required medical information. I understand that as an advisor I must at all times reflect the Scout Oath and Scout Law which is expected of those who represent the organization. I understand that a "Class A" uniform with a CNJC Shoulder Strip must be worn while traveling, meetings and at other times that may be designated. I also understand that I need to keep in contact on a regular basis with the leaders, organizers and youth that are involved in this trek via phone, email and or fax. I understand that if I feel I cannot attend Philmont, it will be my responsibility to find a replacement for my slot if there is none on a waiting list. All statements on this application are true, and I authorize the Central New Jersey Council, BSA to confirm supplied information.

Signature _____ Date _____

If you need more space to write, please feel free to use the back of this form.